

Adult Family Home Disclosure of Services

Required by RCW 70.128.280

Home/PROVIDER **HORIZONAFH2/YAREDHAILEMARIAM-
Provider**

LICENSE
NUMBER
751542

NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code. [Table of Contents](#)

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

Horizon Adult family home started with a mission of quality care for everyone who are from different walks of life. The facility has been providing excellent care since its opening and will continue to do that. Due to health issues the facility will not allow any Resident with pet. The facility is located in a quiet residential street which is convenient for walking.

2. INITIAL LICENSING DATE

March,2009

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: **yes,**

17511 32nd Ave W, Lynnwood WA 98037

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

yes

5. OWNERSHIP Sole

- ☒ proprietor
☐ Limited Liability Corporation Co-
☐ owned by:
☐ Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows:

The facility will provide feeding assistance for people who are not able to feed themselves for several reasons. We provide eating assistance starting from cuing and monitoring to total feeding assistance as well

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

The facility will provide toileting from cuing and monitoring to total assistance as well.

3. WALKING

If needed, the home may provide assistance with walking as follows:

The facility will provide walking assistance from cuing and monitoring to one or two person assistance

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

The facility will provide transferring assistance from cuing and monitoring to one or two person assistance

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

The facility will provide positioning assistance starting from cuing and monitoring to the highest one or two person positioning assistance

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

The facility will provide assistance with personal hygiene from cueing and set up to total assistance

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

The facility will provide assistance with dressing from cueing and set up to total assistance

8. BATHING

If needed, the home may provide assistance with bathing as follows:

The facility will provide assistance with bathing from cueing and set up to total assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The facility has 1 shower tub in downstairs.

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

The facility has a 24 hours care giver and a nurse delegator. If a Resident needs a nurse delegator to administer medication we will provide this services accordingly. We are committed to give from the lowest to the highest level of medication assistance when needed.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Provider is an LPN will assist in administration of certain medication within the scope of his practice

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

The facility provider is an LPN will perform skilled nursing services within his own scope of practice when it is necessary and also have a state assigned nurse delegator to assign tasks to care givers.

The home has the ability to provide the following skilled nursing services by delegation:

Applying topical creams, inhalers, eye drops, insulin injections, starting and stopping tube feedings, wet to dry wound dressing changes etc.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

No

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☒ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☐ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☒ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: As needed Licensed practical nurse, days and times: As needed
- ☒ Certified nursing assistant or long term care workers, days and times: 1 CNA Monday- Friday Live in & 1 CNA Saturday and Sunday live in
- ☒ Awake staff at night
- ☐ Other:
- ☐

ADDITIONAL COMMENTS REGARDING STAFFING

NO

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)
The home is particularly focused on residents with the following background and/or languages: English and Amharic
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS The facility will accommodate specialized diet for a particular religion if it is necessary
Medicaid
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522) <input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input type="checkbox"/> The home will accept Medicaid payments under the following conditions: The home accepts Medicaid as a payment source
ADDITIONAL COMMENTS REGARDING MEDICAID The facility will accept Medicaid as a payment without any conditions. The facility also accepts private pay but will give a 90 days' notice prior to conversion to Medicaid
Activities
The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530). The home provides the following: BINGO night twice a week, Video night twice a week, Library on wheels(So isle library brings books, Ds and audio materials to the house based on Resident preferences)
ADDITIONAL COMMENTS REGARDING ACTIVITIES NONE